

P99000103902

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: 793 ENTERPRISES INCORPORATED
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: John F. KANE
Name (Printed or typed)

793 SWAYING PALM DRIVE
Address

Apopka, FL 32712
City, State & Zip

(407) 884-5762
Daytime Telephone number

600003054166--2
-11/24/99--01058--010
*****70.00 *****70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1999 NOV 24 AM 10:09

FILED

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

1. The name of the corporation shall be: 793 ENTERPRISES INCORPORATED
2. The principal place of business and mailing address of the corporation is: PO. Box 916602
LONGWOOD, Florida 32791-6602
3. The corporation shall have the authority to issue 1,000,000 shares of stock.
4. The registered agent of the corporation is John F. KANE and the registered street address is 793 SWAYING PALM DRIVE APOPKA, Florida 32712.
5. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows: John F. KANE - 793 SWAYING PALM DR. APOPKA, FL. 32712
CAROL L. KANE - 793 SWAYING PALM DR. APOPKA, FL. 32712

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is John F. KANE whose street address is 793 SWAYING PALM DRIVE APOPKA, FL. 32712

Dated 11/22/99

[Signature]
Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated 11/22/99

[Signature]
Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA